

Mid 1

اوقات الدكاترة يحددوا ع نقاط معينة انها ممكن تجي كاسئلة فيجمع ان شاء الله اللي كتبت عندها نوتز معينة

Path1:

* prostatic receptor type?

α1 adreno receptor

That helps to push the seminal fluid

* most common zone for BPH to occur?

Transitional zone

* most common prostatic zone for adenocarcinoma to occur?

peripheral zone

*Indication of open prostatectomy?

1- too large prostate >100 gm

2- urinary diverticulum , vesicle stone surgery

Histo1

*2 type of cells which line seminiferous tubules ?

1- spermatogenic > sperm production

2- Sertoli cell > nourish

* Epididymis lining epith? Pseudostratified columnar epith with stereocilia

* Enumerate 3 coats/smooth Ms. Of vas ?

1- inner longitudinal

2- mid circular

3- outer longitudinal

* Type of gland in prostate ? Tubuloacinar gland

* Corporal amylica is secretion of?

Prostate

* Epith of prostatic urethra?

Transitional epith

* Urethra pass through ?

Corpora spongiosa

Type of epithium in both

توقعوا اي سؤال على نوع الإيثيليم

Histo 2

* The presence of antral cavities (antrum) in the follicle called ?

2ry follicle

*Enumerate 3,4 layers of mature graffian follicle ?

Theca interna

Theca external

Basement memb

Granulosa cell

*Layers of uterine tube?

Mucousa

Myscularis

Adventia

Serosa

Type of epithium in boths

توقعوا اي سؤال على نوع الإبيثيليم

Anat

Anat1

In OSPE will ask about

Sacral promontary

MCQ

Sacral Promantry articulate above-with-?

L5

2 types of joints in pelvic

1- sacroiliac jnt--- synovial

2- pubic symphysis--- 2ry cartilaginous

... مهم تعرف النوع حق كل وحدة

SAQ: Enumerate type of pelvis?

-1android

-2Gynoid

-3Anthrapoid

-4Platypelloid

Rectouterine pouch is called ?

Pouch of doguls

-----*-----*

Anat 2

الرسمه اللي بأول سلايد OSPE

+ ligaments

1- sacrospinus

2- sacrotuberius

SAQ:

What the muscle marking pelvic diaphragm?

1- levator ani

2- coccygeous

-----*-----*

Anat3

Internal iliac from?

common iliac artery

Medial umbilical lig is due to obliteration of which A ?

Umbilical A

Inf vesicle A * male only*

Replaced by ?

Vaginal A

Sacral foramen pierced by ?

Lateral sacral A

Lateral sacral A is brch of ?

post internal iliac

origin of sacral plexus formed of ?

L4, 5, + S1,2,3,4

Symparhatic end by ?

Ganglion impar

مهمة جداً

Sacral plexus in front of?

Piriformis

Origin id pudendal N?

Sacral plexus

Root of pudendal N?

S2,3,4 (LIKE prasymp)

Pelvic splanchnic (S2,3,4)

Contribute to form such plexus m ?

Inf hypogastric

Anat5

Sagital section pelvic in pacticle ? لا يخلوا من امتحان براكتكل منه

Testicular vein ?

IVC

Let testicular vein ?

Let renal vein

Anat6:

Prostatic type of organ?
Fibromuscular glandular organ

Important : anatomical lobes of prostate

How many lobes ?
5 lobes

Ant lobe ?
No gland , muscular

Anat 7+8 female repro

What's the Normal position of uterus ?
Anteverted
Anteflexed

What's abnormal position?
Retroverted in old women

Ligaments of uterus ? مهمة

**peritoneal ligaments

A*Pouches
1- uterovesical
2- rectouterine/vaginal (pouch of Douglas)

B* Broad ligaments

**Non-peritoneal ligaments

Round lig of ovary
Lig of ovary
Pupocervical
Transverse cervical
Uterosacral

السؤال يجي

- one of the following is peritoneal lig-

Q's on Broad ligaments of Uterus

The peritoneum of ovaries is?
Mesovarium
Suspensory lig of ovary

The peritoneum of fallopian/uterine tube is?
Mesosalpinx

The peritoneum of uterus is?
Mesometrium

SA: Enumerate 4,2 PARTS of broad ligaments ?

Mesometrium
Mesosalpinx
Mesovarium
Suspensory log of ovary

Enumerate CONTENTS of broad lig?

- *Fallopian tubes
- *Uterine + vaginal artery
- *Lig of ovary and round lig of uterus (non- peritoneal logs)
- *Sympathatics and LN
- *Epophoron&prophoron (embryo remnants)

Or the Q could be MCQ : which of the following is content of broad lig)

*Note * differentiate btw lig of uterus and lig of ovary

Suspensory lig of ovary is ?
Peritoneum

A of uterus ?
Uterine A > brch of Ant division of internal iliac A

Ampulla of uterus ?
Site of fertilization

Lymphatics of vagina?

Sup part .. Int + exnt iliac LN

Mid part .. Int iliac LN

Inf part .. Sacral , commin illiac LN

External orrifice .. Superficial igiunal LN* ^{المهمة}

-----*-----*-----

Ant 10 Breast

^{المهمة}
Arterial supply

Perfiring brchs of (INTERNAL THORACIC (MAMMARY) A)

Iat thoracic , thoracoacromial > brch of Axillary A

Internalcostal

Lymphatic drainage

Upper ... Apical axillary LN

Med... Parasternal LN (on both sides and opposite)

Lower... Abdominal LN (subdiaphragmatic, subperitoneal) LN

Lat central... Ant Axillary (pectoral) LN

Q be like :med or Lower part of breast drains into ???

-----*-----*

Anat9

deep perineal pouch is ?

Closed

Superficial perineal pouch is ?

Open

-----*-----*

Anat 4

One of the following is urogenital diaphragm foramen ?

Or urogenital diaphragm is formed by ?

Ms of deep perineal pouch

1- sphincter urethra

2- deep transverse perineal ms

the two columns of erectile tissue form the dorsal portion and the sides of the penis?

corpora cavernosa

the third smaller erectile column occupies the ventral portion of the penis?

corpus spongiosum

layer of clear, viscous fluid that is deposited around a primary oocyte?

zona pellucida

layer of granulosa cells that develop around the secondary follicle?

theca

innermost cells of the cumulus? mass corona radiata

funnel-shaped end of the uterine tube?

infundibulum

Large, superior, rounded portion of the uterus is the?

fundus.

Which of these layers is shed during menses?

functional layer of endometrium

The superior, domed portion of the vagina is called the?

fornix.

In the female, erectile tissue that corresponds to the corpus spongiosum in the male is the?

bulb of the vestibule.

The visceral peritoneum covering the surface of the ovary is (Histo)?

germinal epithelium

Time seq of cycles

Beginning of menses - day 1

ovulation - day 14

LH surge - day 12

beginning of proliferative phase - day 5

corpus luteum formed - days 14-26

Ovarian

Follicular phase 1-14

Luteal (secretory) phase 15-28

Uterine

Menstrual 3-5

Proliferative 6-14

Secretory 25-28

Path 2

*Most common benign lesion of breast in (female) ?

Fibrocystic breast disease

*Most common neoplasm in breast
or malignancy in (female)?

Breast cancer

*4 components found in microscope to diagnose FBD can come as SAQ .. But the def of each can come as MCQ..

4 components are :

- 1- adenosis
- 2-epitheliosis
- 3-fibrosis
- 4-cyst formation

.. Adenosis , ↑# of acini or glands
..epitheliosis, hyperplasia of lining of ducts

* when FBD can be precancerous ?

When the epitheliosis shows ATYPIA

Mastodynia?
Pain in breast

Breast lump in FBD is ?
Freely movable

-----*-----*-----

Path 3

*Sites of breast cancer ..

*What the most common site of Breast cancer to occur ?
Upper outer quadrant (50%)

* ductal carcinoma is more common than lobular in general

*Microscopic features of intraduct carcinoma (DCIS) diff types ?

* papillary : arranged in papillary structure

* cribriform : arranged in anastomosing cords

*solid : duct lumen completely occluded

* comedo type **worst prognosis **: central necrosis w red granular ducts with spots of calcification

* comedo type grossly ?
light pressure on exudate *paste-like yellowish necrotic tissue *

*most common of all mammary carcinoma is ?

Infiltrating duct carcinoma * no special typen*

*Grossly features Overlying skin of breast shows?

- 1 nipple retraction
- 2 peau d'orange
- 3 ulceration (tumor fungation) ‘

*Pagest's dis definition

Infiltrating duct carcinoma invade epidermis if nipple and areola

* microscopic features or criteria of infiltrating LOBULAR carcinoma ?

- 2 arrangements that important
- 1- Indian file pattern , strands , one cell width
 - 2- targetoid pattern , concentric matter

Q can be also like .. Indian file pattern is seen in (ductal or lobular carinoma)?
Answer will be lobular for sure ..

*Ductal vs. lobular

Ductal , unilaterla , upper outer quadernt part of breast

Lobular , bilateral ,multifocal , and the patterns (Indian , targetoid)

*Lymphatics spread ..

If didn't affect Lymphatics vessel it's called ?
Lymphatic embolization

If affect the lymph vess it's called ?
Lymphatic permeation , that will cause the skin manifestations

-----*-----*-----

Path 4

Commonest benign lesions in (female)?
(leiomyoma)

FBD ركزوا بالفرق بينها وبين ال

FBD ; Most common benign leasion of BREAST in female
^here specifically in BREAST

LEIOMYOMA ; Most common benign lesions in FEMALE .
^here in general

* leiomyoma C/S grossly is ?
Whorly

*The mass can be ?
Interstitial , inside ,intramural
Subserous , lumen جهة ال
Submucous , cavity جهة ال

*Complication of endometriosis external ?

Chocolate cyst

*commonest malignant tumor in female GENTALIA SYSTEM ?

Endometrial carcinoma

* endometrial carcinoma VS. Cervical cancer

1-
Endometrial : in nullipara ما ولدت أبدًا
Cervical: in multipara ولدت كثير

2-
Endometrial : more adenocarcinoma
Cervical: more squamous cell carcinoma

In other words ,
*Most common cancer in endometrium ?
Adenocarcinoma

*Most common cancer in cervix?
Squamous cell carcinoma

*Cervical cancer occurs in or common at ?

The squami-columnar junction
(btw actor and endo cervical layers)

*Age of each

Endometrial hyperplasia : around menopause

Leiomyoma: during childbearing period

Endometrial carcinoma : postmenopause (55-65)

Cervical cancer : around 40

-----*-----*---

Path 5:

*Most common ovarian tumors ?
Surface epithelial cells

* focus on each type..

Ex : Dysgerminoma is (surface epith , germ cell or sex cord stromas) ?

A: it's type of germ cell tumor

* age of each :

Surface epith tumor : 20 and above

Germ cell tumor : 0-25

Sex cord stroma tumor : all ages

*Accounts for 30% of all Ovarian tumors ?
Serous tumor

*Serous vs mucinous

Serous : bilateral , unicellular

Mucinous unilateral , multicellular

*Mature benign teratoma is?

Cystic or dermoid cyst

*Totipotential cells are found in ?

Mature teratoma

وهي التي تخلي هالورم يتحول لأي نوع من الأعضاء

*Immature malignant teratoma is
solid tumor mass?

*Mature vs immature teratomas

+Mature+

Benign

Cells similar to adult cells

In young women

+Immature +

Malignant

Cells resemble fetus or embryo cells

In prepubertal adolescents and young women

*Ovarian teratoma filled or formed of thyroid tissue is called ?

Struma ovarii, that cause hyperthyroidism

*theca lutein cyst vs polycystic ovary

theca lutein cyst:

bilateral, multiple, LARGE cyst lined by luteinized theca cells

polycystic ovary:

bilateral, multiple, SMALL cyst lined by luteinized theca cells

Stein-Leventhal syndrome is ?

polycystic ovary

لاب الباث

Lobular carcinoma in situ

Ductal carcinoma in situ : comedo type

Ulceration in breast cancer (grossly)

Mucinous carcinoma (grossly+microscopically)

SIMPLE Endometrial hyperplasia

Adenomyosis (gross+microscopic)

Which is endometriosis interna

Leiomyoma (gross+microscopic)

Adenomyosis + Leiomyoma لا يخلوا امتحان منهم

Squamous cell carcinoma of cervix

Mucinous cystadenoma (gross+microscope)

بالهستو اضيفوا شيتين

Parietal layer of Bowman's capsule
Lined by simple cuboidal epith

Collecting tubules and ducts

Lined by simple cuboidal epith and when it increases in length it becomes columnar

Also it's weekly stained

BPH + prostatic adenocarcinoma بالنسبة لل

...

According to lobes (Anat)

BHP :
middle/median Lobe

Prostatic adenocarcinoma
Post lobe
Lat Lobe

According to zones (path)

BHP
transitional zone

Prostatic adenocarcinoma
Peripheral zone

What types of irregular menstrual occurs in AMI ?

- 1-amenorrhea
- 2-oligomenorrhea
- 3-anovulatory cycle

(All)

Repro Quiz

<http://lrn.org/Content/Quizzes/Qreproductive.html>

*----

Other quiz

https://highereducation.com/sites/0072351136/student_view0/chapter28/chapter_quiz.html

Non pretonial = 1- leg of ovary 2- round lig 3- uterosacral 4- pubocervical 5- transvers (cardinal)

The peritoneal lig = 1- uterovesicle 2- rectovaginal/uterine pouch/ pouch of Douglas
3- broad ligament = mesovarium , mesosplanx ,
mesometrium , suspensory lig .

Flash cards

<https://quizlet.com/17461127/reproductive-system-flash-cards/>

<https://quizlet.com/11822880/human-bio-chapter-19-flash-cards/>

the two columns of erectile tissue form the dorsal portion and the sides of the penis?

corpora cavernosa

the third smaller erectile column occupies the ventral portion of the penis?

corpus spongiosum

layer of clear, viscous fluid that is deposited around a primary oocyte?

zona pellucida

layer of granulosa cells that develop around the secondary follicle?

theca

innermost cells of the cumulus? masscorona radiata

funnel-shaped end of the uterine tube?

infundibulum

Large, superior, rounded portion of the uterus is the?

fundus.

Which of these layers is shed during menses?

functional layer of endometrium

The superior, domed portion of the vagina is called the?

fornix.

In the female, erectile tissue that corresponds to the corpus spongiosum in the male is the?

bulb of the vestibule.

Layers of spermatic cord :
1- external spermatic fascia
2- cremasteric fascia
3- internal spermatic fascia

Spermatic fasciae formed from three layers of the anterior abdominal :
1- external spermatic fascia
2- cremasteric fascia
3- internal spermatic fascia

The visceral peritoneum covering the surface of the ovary is (Histo)?

germinal epithelium

Time seq of cycles

Beginning of menses - day 1
ovulation - day 14
LH surge - day 12
beginning of proliferative phase - day 5
corpus luteum formed - days 14-26

Ovarian
Follicular phase 1-14
Luteal (secretory) phase 15-28

Uterine
Menstrual 3-5
Proliferative 6-14
Secretory 15-28

the tension of prostate mediated by what?

Alpha1 adrenoreceptor

Ectocervix > squamous cell ,

Endocervix > columnar

.Path 2

*Most common benign lesion of breast in (female) ?

Fibrocystic breast disease

*Most common neoplasm in breast
or malignancy in (female)?

Breast cancer

*4 components found in microscope to diagnose FBD can come as SAQ .. But the def of each can come as MCQ..

4 components are :

1- adenosis

2-epitheliosis

3-fibrosis

4-cyst formation

.. Adenosis , ↑# of acini or glands

..epitheliosis, hyperplasia of lining of ducts

* when FBD can be pErythromycin
?

*The ovarian cystic tumor that is associated with placental tumor is ?

Theca lutein cyst

breast cancer وفي درس ال

هي الاشياء الـ bilateral

Lobular carcinoma in situ

Infiltrating lobular carcinoma

FBD- هذه كل شي bilateral unilateral

ovarian cysts وال فيه درس ال

الاشياء الـ small

Follicular cyst

الاشياء الـ large

Corpus luteum

Theca cell cyst

multiple وكلهم ماعدا الـ

Corpus luteum - single

Teratoma immature :

Grow rapidly

Mucinous colloid carcinoma:

Grow slowly

Indian pattern, targetoid pattern
In infiltrating lobular

Infiltrating duct > nipple retraction , peau 'd orange , ulceration

****Primary syphilis**



What are the mechanisms of tissue destruction in primary syphilis ?

- 1- the microbial virulence (hyaluronidase)
- 2- the cellular immune defenses (result in an ulcer -Chancer)

****Secondary syphilis**



Characterized by :

- 1- red maculopapular rash
- 2- condylomata lata
- 3- Hepatitis, Glomeruli nephritis, Meningitis

****Latent syphilis**



This period can last 3-30 years



Asymptomatic period but serologic test show +ve result

****Tertiary syphilis**



Divided into 3 different forms :

- 1- Gummatous syphilis
- 2- Neurosyphilis
- 3- Cardiovascular syphilis

****Congenital syphilis (Transplacentally)**



It is associated with :

- 1- intrauterine growth retardation
- 2- Hepatosplenomegaly
- 3- CNS infections
- 4- mucocutaneous lesions
- 5- lymphadenopathy

****Diagnosis of syphilis**



Clinical specimens ?
Pus , tissue biopsy , serum specimens



2 types of diagnosis :
~1-Direct diagnosis~

A- Microbiology Lab :

*Dark field microscopy ---> Rotary Corkscrew like motility

*Immunofluorescent microscopy ---> staining by anti-treponemal antibodies

B- Histopathology Lab :

Bright field microscopy ---> silver stain

C- cultivation of *Treponema palladium* :

> Don't grow in culture media

> Animal inoculation can be used

~2- Indirect diagnosis ~

Serology :

Non treponemal test :

> Anti cardiolipin AB by (VDRL) or (RPR)

Treponemal test :

> Anti treponemal AB by (TPHA) or (FTA-Abs)

****Treatment**



all species sensitive to --> penicillin



alternate therapy :
Tetracycline and Erythromycin

Biochem



Steroid hormones are synthesized in

- adrenal cortex
- testis
- ovaries
- placenta
- some peripheral tissues(Adipos T,brain)



steroid hormones have to be carried in the blood complexed to specific binding plasma protein

- Cortisol ---> transcortin
- sex steroid ---> SHBG
- aldosterone---> albumin



Steroid hormones play important roles in :

- metabolic regulation
- electrolyte balance
- reproductive functions

Others :

- inflammatory response
- stress response
- bone metabolism
- CV fitness



important control point :

convert cholesterol into all other steroid hormones and transport from the cytoplasm into mitochondria

- This step carried out by STAR



Steroid hormones synthesis in Testis :

- Convert cholesterol ---to---> pregnenolone
By (desmolase) In (mitochondria of Adrenal cortex , ovary & testis)



pathway of testosterone production in the Testis :

- Cholesterol ---> Androstenedione ---> Testosterone , By (17 β -hydroxysteroid /Oxidoreductase)



In male :

Peripheral conversion of testosterone to:

- Dihydrotestosterone in Muscle by 5 α reductase
- Or to
- Estradiol in adipose tissue by Aromatase



Steroid hormones synthesis in Ovary :

Cholesterol ---> Androstenedione (In theca cells stimulated by LH) ---> Testosterone
 --- (Aromatase) ----> Estradiol (In granulosa cells stimulated by FSH)



CAH = inherited enzyme defect in adrenal cortex .

** The adrenal cortex can't secrete cortisol

---> Adrenal hyperplasia

** The adrenal cortex can't secrete aldosterone ---> Electrolyte disturbances



21 a- Hydroxylase deficiency = Autosomal recessive condition

** Low Cortisol --> adrenal gland hyperplasia --> increase of androgen production -->

1- virilisation in baby girl

2- precocious puberty in boys

** low Aldosterone --> hypovolaemia&shock ---> Neonatal adrenal crisis

Lobular carcinoma in situ

Ductal carcinoma in situ : comedo type

Ulceration in breast cancer (grossly)

Mucinous carcinoma (grossly+microscopicly)

SIMPLE Endometrial hyperplasia

Adenomyosis (gross+microscopic)

Which is endometrosis interna

Leiomyoma +gross+microscopic)

Adenomyosis + Leiomyoma

Squamous cell carcinoma of cervix

Mucinous cystadenoma (gross+microscope)